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CONFIRMATION NO. 2927

SERIAL NUMBER	FILING or 371(c) DATE RULE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
10/807,472	03/24/2004	118	1716	740756-2722

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**** CONTINUING DATA *******

**** FOREIGN APPLICATIONS *******
 JAPAN 2003-086384 03/26/2003

**** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ****
 06/04/2004

Foreign Priority claimed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	35 USC 119(a-d) conditions met <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Met after Allowance	STATE OR COUNTRY JAPAN	SHEETS DRAWINGS 8	TOTAL CLAIMS 20 8	INDEPENDENT CLAIMS 2 8
Verified and /RAKESH KUMAR DHINGRA/ Examiner's Signature		Initials				

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TITLE
 Plasma treatment apparatus

FILING FEE RECEIVED 3074	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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